

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101 593425

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6		1		1		
7		10		1		
8	1		1			
9						
10		1		1		
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12						
13						
14						
15						
16						
17	1		1			
18		1		1		
19	2		1			
20	1		1			
21	1		1			
22						
23						
24						
25						
26						
27	1		1			
28	1		1			
29	4		1			
30	4		1			
31	1		1			
32	1		1			
33	1		1			
34	1		2			
35	4		1			
36	1		2			
37	1		1			
38	1					
39	1		1			
40		1		1		
41		8		2		
42		1		2		
43	1					
44	1					
45		1		1		
46		1		2		
47		1		2		
48				1		
49						
50						
TOTAL IND.	9		4			
TOTAL DEP.	56	←	44	←		←
TOTAL CLAIMS	65		50			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						